

NCWSA Competition Fund Award Application

PLEASE ATTACH YOUR SAILING RESUME AND COPY OF EVENT REGISTRATION

NAME:

Date:

Contact:

Phone:

Email:

NCWSA MEMBER SINCE:

HISTORY OF NCWSA SERVICE & PARTICIPATION:

NAME OF EVENT:

DATE:

ENTRY DEADLINE:

LOCATION:

HOST CLUB:

BOAT:

**# OF BOATS
EXPECTED:**

QUALIFICATION PROCEDURE (IF ANY):

TEAM MEMBERS: (All Team Members are required to be current NCWSA members)

NAME:

POSITION:

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BUDGET (ATTACH ANOTHER SHEET IF NECESSARY)

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LIST AMOUNT AND SOURCES OF OTHER FUNDS YOU WILL RECEIVE:

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USE THIS SPACE TO EXPLAIN WHY YOUR TEAM DESERVES A GRANT:
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